



JAN 1 5 2003

TECH CENTER 1600/2900



PATENT TRADEMARK OFFICE Atty. Docket: 91830/0480191

# IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant:

Frank P. Zemlan et al.

Paper No:

Serial No.

09/035,708

Group Art Unit:

1647

Filed:

March 5, 1998

Examiner:

Robert C. Hayes, Ph.D.

For:

METHOD OF DETECTING AXONAL DAMAGE, ASSOCIATED DISEASE

STATES, AND RELATED MONOCLONAL ANTIBODIES AND PROTEIN

CONTROLS THEREFOR

### AMENDMENT TRANSMITTAL

The Assistant Commissioner For Patents Washington, D.C. 20231

DEC 2 0 2002

Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment for the above-captioned application.

Applicant is a

Small Entity

□ Large Entity

The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.

(complete (a) or (b), as applicable)

(a) Applicant petitions for an extension of time under 37 C.F.R. §1.136 (fees:

37 C.F.R. §1.17(a)(1)-(4)) for the total number of months checked below:

1	Extension (months)	Fee for other than small entity	Fee for small entity
⊠	one month	\$ 110.00	\$ 55.00
	two months	400.00	200.00
	three months	920.00	460.00
	four months	1,440.00	720.00
u	Fee:		\$55.00

## Serial No. 09/035,708

	If an additional extension of time is required, please consider this a petition therefor.
	☐ An extension for months has already been secured. The fee paid
	therefor of \$ is deducted from the total fee due for the total months
	of extension now requested.
	Extension fee due with this request \$
(b) □	Applicant believes that no extension of time is required. However, this
	conditional petition is being made to provide for the possibility that applicant
	has inadvertently overlooked the need for petition for extension of time.

#### **FEE FOR CLAIMS**

		emaining endment	Highest Number Previously Paid For	Present Extra	Rate Small Entity		Rate Large Entity	Add'l Fee
Total *	11	Minus **	20	= 0	X 9.00	\$ 36.00	X 18.00	\$
Indep. *	1	Minus ***	3	= 0	X 40.00	\$120.00	X 80.00	\$
□ First Pr	esentation of	of Multiple D	ependant Claim	<u></u>	X 135.00	\$	+270.00	\$
					Total Addt'l. Fee	\$ - 0 -	Total Addt'l. Fee	\$

- \* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

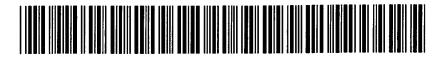
  If the "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of the prior amendment or the number of claims originally filed.

(complete (c) or (d) as required)

- (c) No additional fee for claims is required.
- (d) □ Total additional fee for claims required \$\_\_\_\_\_

#### **FEE PAYMENT**

Attached is a check in the sum of \$\_55.00 covering the required fee for a one-month extension of time.



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Total number of pages: 8

Remarks:

Order of re-scan issued on .....